

COMBINED PECULARATION FOR PATENT AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)						File No. 00-46		
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MURINE CYTOKINE RECEPTOR								
the specification of which (check only one item below):								
is attached hereto 🔀 was filed as United States application Serial No. 09/899,471 on July 5, 2001								
and was amended on								
was filed as PCT in	nternational appli	ication Nur	nber	OI	າ	·		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:								
PRIOR FOREIGN/PC								
COUNTRY	APPLIC	ATION NU	MBER	DATE OF FILING	G	PRIORITY CL		
						☐ YES	NO	
						YES	□ NO	
I hereby claim the benefit under Title 35 United States Code 119(e) of any United States provisional application(s) listed below.								
U.S. APPLICATION NUMBER				U.S. FILING DATE				
60/216,446				July 6, 2000				
I hereby claim the benefit under Title 35, United States Code 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:								
PRIOR U.S, APPLICATI				PPLICATIONS DES	IGNATING T	HE U.S. FOR E	BENEFIT	
U.S. APPLICATIONS				STATUS (check one)				
U.S. APPLICATION NUMBER U.S. F			U.S. FIL	ING DATE	Patented	Pending	Abandoned	
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PCT APPLICATIONS DESIGNATING THE U.S.								
APPLICATION	FILING DATE U.S		U.S. SE	RIAL NUMBERS NED (if any)				
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Phillip B.C. Jones Suzanne M. Shema Jennifer K. Johnson Robyn Adams Reg. No. 38,195 Reg. No. 32,284 Reg. No. 43,696 Reg. No. 44,495 Deborah A. Sawislak Gary E. Parker Susan E. Lingenfelter Paul G. Lunn Reg. No. 31,648 Reg. No. 37,438 Reg. No. 41,156 Reg. No. 32,743 Direct Telephone Calls T: Phillip B.C. Jones, J.D., Ph.D. **Send Correspondence To:** Phillip B.C. Jones, J.D., Ph.D. ZymoGenetics, Inc. (206) 442-6681 1201 Eastlake Avenue East Seattle, WA 98102 Family Name First Given Name Second Given Name Full Name 1 Gao Zeren State or Foreign Country Country of Citizenship Residence City Redmond WA Post Office Post Office Address City State & Zip Code/Country WA 98052/US 9502 179th PL NE #3 Redmond Address First Given Name Second Given Name 2 Full Name Family Name Country of Citizenship Residence City State or Foreign Country State & Zip Code/Country Post Office Post Office Address City Address Second Given Name 3 Full Name **Family Name** First Given Name Residence State or Foreign Country Country of Citizenship City Post Office Post Office Address City State & Zip Code/Country Address Second Given Name 4 Full Name Family Name First Given Name Residence City State or Foreign Country Country of Citizenship State & Zip Code/Country Post Office Post Office Address City Address Second Given Name Family Name First Given Name 5 **Full Name** Country of Citizenship Residence State or Foreign Country City Post Office Post Office Address City State & Zip Code/Country Address Full Name First Given Name Second Given Name 6 Family Name Residence City State or Foreign Country Country of Citizenship State & Zip Code/Country Post Office Post Office Address City Address I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon. - Signature of Inventor 2 Signature of Inventor 3 Signature of Inventor 1 Date Date U-13-200 Signature of Inventor 5 Signature of Inventor 4 Signature of Inventor 6

Date

Date

Date